Image# 10930049505

STATEMENT OF

FORM 1	ORGANIZ (See instruct			Office use only
1. NAME OF COMMITTEE (in	(Check if name is changed)	Example: If typying, typover the lines	ne 12FE4M5	
COSTELLOFO	DR CONGRESS COMMITTEE			
ADDRESS (number and	P. O. BOX 8250			
(Check if address is changed)				
	BELLEVILLE			62222
		CITY▲	STATE▲	ZIP CODE 📤
COMMITTEE'S E-MAI	L ADDRESS (Please provide only one			
(Check if address is changed)	costelloforcongres	s@gmail.com		
COMMITTEE'S WEB	PAGE ADDRESS (URL)			
(Check if address				
is changed)	' <u> </u>			
2. DATE 0.1	1 / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y			
3. FEC IDENTIFICA	TION NUMBER	C C00238444		
4. IS THIS STATEM	NEW (N) OR	X AMENDED ((A)	
I certify that I have exami	ned this Statement and to the best of my ki	nowledge and belief it is true, co	rrect and complete	
	Treasurer Mary Shalapin			
Type or Print Name of	Treasurer			
Signature of Treasurer	Electronically Filed by Mary Sh	alapin	_ Date 0 1 M	1 9 Y 2 0 1 0
NOTE: Submission of fal	lse, erroneous, or incomplete information m	nay subject the person signing the	·	
Office Use Only		For further inform Federal Election C Toll Free 800-424-	ommission 9530	FEC FORM 1 (Revised 02/2009)